

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>09/992526</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
				\$						
				\$						
				\$						
				\$						
		<input checked="" type="checkbox"/>		\$ <u>250</u>						
				\$						
				\$						
				\$						
				\$						
		7 TOTAL AMOUNT OF REFUND		\$						
		8 TO BE REFUNDED BY: <u>Credit Card</u>								
10 REASON:		<input checked="" type="checkbox"/> Treasury Check								
Overpayment		Credit Deposit A/C #:								
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
<input checked="" type="checkbox"/> No Fee Due (Explanation):										
<u>PATENT HAD BEEN REC'D BY PTO</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>GILSON</u>		TITLE: <u>ATTY</u>								
SIGNATURE: _____		PHONE: <u>2321K</u>								
OFFICE: _____										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Alison Kelle</u>		DATE: <u>4/1/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**